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the number required for service in the wards. This has been one of the most satisfactory features of the system, and has shown gratifying results in the excellent health of the pupils and the greatly improved tone and atmosphere of the entire place.

What renders our administration so economical is the carefully trained expert at the head of each department.

ADELAIDE NUTTING,

Principal of the Training-School Johns Hopkins Hospital.

BALTIMORE, December 19, 1902.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

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THE introduction of the science of hygiene into our every-day life has caused a radical change in the management of the household, and one of the points that comes strongly to the front is the question of ventilation.

This is a question of great importance in the strenuous life of our large cities, as the nervous system is strung to its highest pitch, and an abundance of fresh air in our homes will rest and strengthen us, both mentally and physically.

When we turn to the consideration of thorough ventilation in the care of the sick, we reach a point that requires most careful thought. Fortunately, the majority of mankind has learned to recognize this, at least to a large extent, and we are seldom now confronted with the statement that the invalid must not "change the air of the room," which by some wise people used to be considered the height of good nursing.

It is necessary, of course, to exercise great care to protect your patient from draughts, but there are many ways to provide for this. Fresh air we must have in the patient's room, in even larger quantities than when he is well and strong, as a double supply of oxygen will strengthen the lungs and will also prove a good mental tonic.

You know in a moment on entering a room whether it has been or is properly aired, because, coming from the outer world, you will at once notice if there is a heavy, close atmosphere. It is almost impossible for the patient to observe it, as remaining even a few moments in a poorly ventilated room, one becomes accustomed to the air, and though one may feel dull and depressed, perhaps even suffer from a headache, it is often assigned to some other cause.

With the nurse rests the whole responsibility of proper ventilation, and she will do well to make a practice, when passing in and out of the room, to observe whether the atmosphere is oppressive in comparison with that of the rest of the house.

Should your patient be very susceptible to cold, there are various ways to ventilate without exposing him to a direct current of cold air. For instance, if it is not possible to open a window in the sick-room, use an adjoining room; open the window there above and below, and the air will pass gradually through the door into your patient's room in a milder form. You may even close the door between the two rooms until one is thoroughly ventilated, then shut the window and open the door into the sick-room, and the air will circulate freely.

Another method is to leave a window in the patient's room open at the top a few inches, thus providing an outlet for the impure air, and the fresh air will find its way down into the room. Hot air always ascends, so that if the window is open at the top, it will have room to escape.

To form a perfect circulation, the window must be opened a few inches above and below; if you are afraid of a draught for the patient, place a piece of thin board, or cardboard six or eight inches wide, across, but a little away from the lower part of the window, and the air will enter in an upward direction instead of blowing straight into the room.

A screen should always be at hand to place between the window and the bed or in front of the door to protect the patient from draughts.

Fireplaces are also of service in the question of ventilation, as the draught of the fire will help the air to circulate, and, apart from this advantage, a bright, sparkling fire is wonderfully cheery and comforting to the patient.

Every morning before breakfast and each night when the patient is ready for sleep, open the window for a few seconds and let in a reviving breath of "God's out-of-doors." The patient may be covered with an extra blanket and a shawl wrapped around the head, not removing these coverings until the room has regained its usual temperature.

Freshening the air of the room in this way just before each meal will stimulate the patient's appetite, as it is impossible to feel hungry in a close, heavy atmosphere, and when the window is opened before sleeping, the cool evening air will soothe the nerves and promote sleep.

If you could persuade your patient to take at least half a dozen long, deep breaths whenever the window is open, you will be surprised at the bracing effect it will have on the whole system.

Some means must be devised to have proper ventilation during the night. Far better to sleep under half-a-dozen blankets, if necessary,

and have the window open, than to toss about in a close room breathing the same air over and over again. One or two inches at the top of the window will give the desired freshness, and the bed may be surrounded by a screen, or the air let in through a window in the adjoining room.

Should the patient suffer from insomnia, nothing—with the exception of narcotics—will prove of so much service as a cool, airy sleeping-room. I have always noticed that on the rare occasions when sleep will not come at my bidding it has been because my room did not have a good circulation of air, and as soon as I have taken the trouble to get out of bed and open the window I have been rewarded by a quiet, refreshing sleep.

When nursing infectious diseases, good ventilation should be arranged for as being of almost more importance than anything else. It will help to reduce the temperature, soothe the patient, prevent the peculiar odor which accompanies some diseases from permeating the room, and it is a positive and most valuable aid in disinfection.

(To be continued.)

NEW YEAR'S EVE

By WILFREDA BROCKWAY

St. Luke's Alumnæ, Chicago

COLD and silent lies the earth,
Waiting for the New Year's birth,
And the Old Year, breathing slow,
Lingers, watching, loath to go.

Sad the old man stands and sighs,
For when morning lights the skies,
Ended then will be his reign,
Ended all his joy and pain.

Did the Old Year bring us sighs,
Let him take them ere he dies,
Lock them safely in the past,
Let oblivion hold them fast.

We will greet the glad New Year
With our hearts all free from fear;
Faith—the welcome in our eyes,
Courage true that never dies.